STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

PLEASE PRINT	
I. Name of Lobbyist(s) Robert Olson	APR 2 3 2019
	NEW HAMPSHIRE
II. Name of lobbyist's partnership, firm or corporation, if any:	DEPARTMENT OF STAT
K, OLGON Law OPPICE PLLC	
(IVAIDS OF DATTICION OF AS	
770 Broad Cove Rd. Hopkinten Business Address: (Street) (Town/City) (State)	NH 03229
(State) (Town/City) (State)	(Zip Code)
(603) 496 2998 (-) e-mail rols	one rolson law office.c
III. This statement covers: (Choose one – file separate reports for each client, OR you reportable expense transactions which are not attributable to any one client).	
All reportable transactions occurring in the months prior to the reporting date relative	to the following client:
Springfield Power LLC	_
(Full Name of Client as it appears on the Lobbyist Registration Form) OR	···
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobl unrelated to any particular client.	bying firm listed below which are
IV. Date of Report April 24, 2019 July 31, 2019 Reports cover: activity from date of registration to 3/31/19 activity from 4/1/19 to 6/3	
October 30, 2019	
V. There have been no fees received and no reportable transactions made sin If this box is checked, complete just this form and submit it to the Secretary of State's Office Concord, NH 03301.	ce the last report. ce, State House, Room 204,
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A- Fees ar	nd Expenses
If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Expense Reimbursement	- Report of Honorariums or
If you, your firm, or your family has made political contributions, you must file Adde	ndum C-Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that	the foregoing information is true
and complete to the best of my knowledge and belief.	-10
(Signature of lobbyist)	(Date)
Robert Olson (Print Name of lobbyist)	

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert OLSON	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	L C.
III. Name of Client Spring field fower LL	CDate_4-23-19
IV. Fees Received Indicate the gross amount of all fees received from the client identified a to lobbying, including fees for services such as public advocacy, govern including research, monitoring legislation, and related legal work. Th reduced by any expenses:	ment relations, or public relations services gross fee amount reported shall not
a) Total of all fees received in this reporting period	a) \$ 2 295,22 iod b) \$ 0.00
b) Total of all fees received this calendar year, prior to this reporting per (This should equal the total of all prior monthly reports for this calendary).	iod b) \$ O., O O dar year)
c) Total of all fees received to date (Add lines a and b)	0)8 2295,22
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to fees. Separate reports are to be filed for expenditures made relative to e the lobbyist(s)/firm that are unrelated to any one client a separate rep Expenses are to be reported in one of three categories of expenses: (a during the reporting period for salaries, benefits, support staff, and officindividual expenses where the expenditure was of \$25.00 or less (for exclunch where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lock) an itemized statement of each individual expenditure made during this any purpose not covered by (a) (for example: purchase of a meal with ceremonial object to be given to the subject of lobbying with a value of restaurant expenses for a legislative reception). Expenses for honorari contributions will be reported on separate addendums and should not be re-	each client and if expenditures are made port may be filed for the lobbyist(s)/firms) the aggregate total of all expenses pace expenses; (b) the aggregate total of ample: meals purchased during a busine of less than \$10 that is given to the persobbled with a value of \$25.00 or less); a reporting period of greater than \$25.00; a value of greater than \$25, purchase of greater than \$25, but not greater than
a) Total aggregate expenses for this reporting period for salaries, benefits support staff, and office expenses, related directly or indirectly to lobbying	s. a) s 988,75
b) Total aggregate of expenditures during this reporting period, not report in a), of \$25 or less.	rted b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)s 988.75
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c)\$O,OO
f) Total of all expenses year to date	ns 988.75
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	s
	s
	s
	\$
	s
0	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist)	4-23-19
(Signature of lobbyist)	(Date)
Robert OLSON	
(Print Name of lobbyist)	